

State File No. _____

FILED AUG 10 1956

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 200 Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Butler | | a. STATE Missouri | b. COUNTY Butler |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | c. LENGTH OF STAY (in this place) 1 hr. | c. CITY OR TOWN Broseley | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL | | e. STREET ADDRESS (If rural, give location) 01201 | |

| | | | | | | | |
|--|------------|-------------|-----------|------------------|---------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
| | William | Hartman | Thompson | July 21, 1956 | | | |

| | | | | | | | | |
|--------|------------------|---|------------------|------------------------------------|----------------------------|--------------------|---------------------|--------------------|
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | 10. UNDER 1 YEAR Months | 11. 1 YEAR Days | 12. 1 YEAR Hours | 13. 1 YEAR Min. |
| male | white | married | Feb. 6, 1916 | 40 | | | | |

| | | | |
|---|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) | 12. CITIZEN OF WHAT COUNTRY? |
| Farmer | Farming | Dover, Tenn. | U.S.A. |

| | | |
|---|---|---|
| 13a. FATHER'S NAME Charles P. Thompson | 13b. MOTHER'S MAIDEN NAME Sally Lane | 14. NAME OF HUSBAND/OR WIFE Irene Thompson |
|---|---|---|

| | | | |
|--|-------------------------|-----------------------------------|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS |
| no | | Mrs. W. J. Hillyard | Broseley, Mo. |

| | | |
|--|---|---|
| <p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p><u> </u></p> <p><small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small></p> | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>multiple Fractures</u></p> <p>ANTECEDENT CAUSES</p> <p><small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small></p> <p>DUE TO (b) <u>and shock due to right</u></p> <p>DUE TO (c) <u>arm severed above elbow</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p><small>Conditions contributing to the death but not related to the disease or condition causing death.</small></p> <p align="right"><u>8164</u></p> | <p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u> </u></p> |
|--|---|---|

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

| | | | | | |
|--------------------------------------|------------------------------|---|---|---------------------------|----------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE | (Specify) <i>accident</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i> | 21c. (CITY, TOWN, OR TOWNSHIP) <i>Butler</i> | (COUNTY) <i>Butler</i> | (STATE) <i>Mo</i> |
|--------------------------------------|------------------------------|---|---|---------------------------|----------------------|

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY July 21-1956 5:15 P.m.

21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?
Collision of 2 automobiles

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE *Ernest W. Beer* (Degree or title) *Owner* 23b. ADDRESS *Poplar Bluff Mo* 23c. DATE SIGNED *July 27-5*

| | | | |
|---|-----------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
| BURIAL | 7-24-56 | Brown Chapel cem. | Broseley, Mo. |

| | | | |
|--------------------------|-----------------------|----------------------------------|--------------|
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
| 7/30/56 | <i>[Signature]</i> | Watkins & Sons | Dexter, Mo.. |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

489-0

RECEIVED

AUG 8 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.